Please Direct All Correspondence to Customer Number **20995****AMENDMENT / RESPONSE TRANSMITTAL**

Applicant : George A. Lopez, M.D.
 App. No : 10/630,131
 Filed : July 30, 2003
 For : MEDICAL VALVE (as amended)
 Examiner : Loan H. Thanh
 Art Unit : 3763

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

August 25, 2005

(Date)

Paul N. Conover, Reg. No. 44,087

Mail Stop Amendment

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Response to Office Action in 19 pages.
- (X) Supplemental Information Disclosure Statement and PTO/SB/08 Equivalent listing 9 references that are also enclosed.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Excess Claims > 20	95 - 95 = 0	1202 (\$50)	0 x 50 =	\$0
Independent > 3	3 - 3 = 0	1201 (\$200)	0 x 200 =	\$0
Multiple Claim	1.16(j)	1203 (\$360)		\$0
1 Month Extension	1.17(a)(1)	1251 (\$120)		\$0
2 Month Extension	1.17(a)(2)	1252 (\$450)		\$0
3 Month Extension	1.17(a)(3)	1253 (\$1,020)		\$1,020
IDS Fee				\$180
			TOTAL FEE DUE	\$1,200

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$1,200 is enclosed.
- (X) Return prepaid postcard.

Docket No.: ICUMM.011C8C5

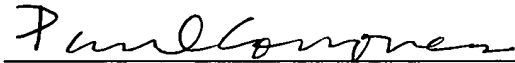
August 25, 2005

App. No.: 10/630,131

Page 2 of 2

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- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.



Paul N. Conover

Registration No. 44,087

Attorney of Record

Customer No. 20,995

(949) 760-0404

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